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Title 36. Insurance

## Oklahoma Statutes Citationized

**■**Title 36. Insurance

Chapter 2 - Miscellaneous Provisions

□Health Care Freedom of Choice Act

Section 6054 - Definitions

Cite as: O.S. §, \_\_\_\_

As used in the Health Care Freedom of Choice Act:

- 1. "Accident and health insurance policy" or "policy" means any policy, certificate, contract, agreement or other instrument that provides accident and health insurance, as defined in Section 703 of this title, to any person in this state;
- 2. "Ambulatory surgical center" means any ambulatory surgery facility licensed by the **State Department of Health** as defined in Section 2657 if Title 63 of the Oklahoma Statutes;
- 3. "Home care agency" means any sole proprietorship, partnership, association, corporation, or other organization which administers, offers, or provides home care services, for a fee pursuant to a contract for such services, to clients in their place of residence. The term "home care agency" shall not include an individual who contracts with the Department of Human Services to provide personal care services; provided, such individual shall not be exempt as a home health aide;
- 4. "Hospital" means any facility as defined in Section 63-1-701 of Title 63 of the Oklahoma Statutes;
- 5. "Insured" means any person entitled to reimbursement for expenses of health care services and procedures under an accident and health insurance policy issued by an insurer:
- 6. "Insurer" means any entity that provides an accident and health insurance policy in this state, including but not limited to a licensed insurance company, a not-for-profit hospital service and/or medical indemnity corporation, a fraternal benefit society, a multiple employer welfare arrangement or any other entity subject to regulation by the Insurance Commissioner: and
- 7. "Practitioner" means any person holding a valid license to practice medicine and surgery, osteopathic medicine, chiropractic, podiatric medicine, optometry or dentistry, pursuant to the state licensing provisions of Title 59 of the Oklahoma Statutes.
- 8. "Preferred Provider Organization (PPO)" means a network of practitioners, hospitals, home care agencies, or ambulatory surgical centers, which have entered into a contract with an insurer to provide health care services under the terms and conditions established in the contract.

## Historical Data

Laws 1989, HB 1102, c. 37, § 1, eff. November 1, 1989; Amended by Laws 1994, SB 1033, c. 342, § 19, eff. September 1, 1994; Amended by Laws 1996, HB 2934, c. 76, § 1, eff. November 1, 1996; Amended by Laws 1999, HB 1318, c. 331, § 2, eff. November 1, 1999 (superseded document available).

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